

Florida Department of State
 Division of Corporations
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L23000270317

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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : WISE TAX FIRM INC.
 Account Number : I20210000018
 Phone : (786)620-0001
 Fax Number : (786)227-6631

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
 LILA'SSTORE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	

RECEIVED
 2023 JUN -5 PM 3:20
 CORPORATIONS
 COMMERCIAL
 SERVICES

FILED
 2023 JUN -5 PM 4:19
 TALLAHASSEE, FL

JS

H230002023523

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

LLA'STORE LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

128 S CHANDLER AVE

DELAND FL 32724

128 S CHANDLER AVE

DELAND FL 32724

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LETICIA VIERA RODRIGUEZ

Name

128 S CHANDLER AVE

Florida street address (P.O. Box NOT acceptable)

DELAND

FL

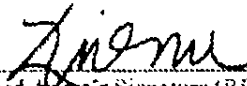
32724

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE
CLERK OF CIRCUIT COURT

H230002023523

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ARTICLE IV:

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

MGR

LETICIA VIERA RODRIGUEZ
128 S CHANDLER AVE
DELAND FL 32724

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(Use attachment if necessary)

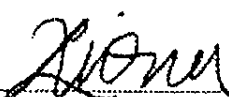
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to, or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

LETICIA VIERA RODRIGUEZ

Typed or printed name of signer

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